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TTC-PA 650-326-2422

NO.674

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
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Nancy Pizzo

(Depositor's name)

Nancy Pizzo

(Signature)

4 May 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/978,253	10/15/2001	James Joye	018468000130	4467

TITLE OF INVENTION: APPARATUS AND METHOD FOR CRYOGENIC INHIBITION OF HYPERPLASIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROLLINS, ROSILAND STACIE	3739	606-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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2 Mark D. Barrish

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CryoVascular Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Gatos, CA (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark D. Barrish

Date

4 May 2005

Typed or printed name

Mark D. Barrish

Registration No.

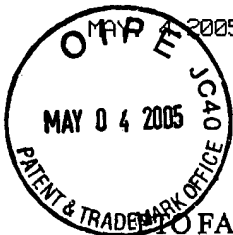
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Atty Docket No. 018468-000130US

FAX NO.:

703-746-4000

ATTENTION:

Examiner ROLLINS, Rosiland S.

Group Art Unit 3739

TELEPHONE NO.:

703-308-2711

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Mailstop: Issue Fee

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following document(s) in re Application of JOYE, JAMES ET AL.,
Application No. 09/978,253, filed October 15, 2001
for APPARATUS AND METHOD FOR CRYOGENIC INHIBITION OF HYPERPLASIA is
being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 2

Dated: 4 May 2005

Nancy Pizzo
Nancy Pizzo

Document(s) Attached

1. PTOL-85 Part B - Fee(s) Transmittal

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